



Agency Affiliation

INSTRUCTIONS

WHEN TO USE THIS FORM:

1. To affiliate individuals* with a new applicant agency
2. To add or cancel affiliations of an existing agency
3. To associate dealerships and dealership owners (where applicable)
4. To associate any lender (where applicable)

HOW TO USE THIS FORM:

1. Enter the name of the agency and the agency FEIN in sections 1 and 2.
2. Enter Action type (add or cancel) in section 3.
3. Enter name of individual or entity to be affiliated in section 4 and the corresponding Social Security number or FEIN in section 5.
4. Fill in all other sections as they pertain to the affiliate named in section 4. The affiliate should sign at #11. If the affiliate is an agency, the officer should sign at #11.
5. The responsible licensed agent of record must sign at #12.

* Individuals are (for corporations) all officers, directors, agents, and stockholders of 10% or more; (for limited liability corporation) all members; (for partnership) all partners; (for sole proprietorship) the sole proprietor.

1. NAME OF AGENCY

2. AGENCY FEDERAL EMPLOYER ID

-

3. ACTION TYPE

☐ To ADD ☐ To CANCEL

4. NAME OF AFFILIATE

5. INDIVIDUAL SSN OR FEIN OF AFFILIATE NAMED IN SECTION 4

-- OR -

Social Security Number

FEIN Number

6. ASSOCIATION TYPE (SELECT ALL THAT APPLY)

- | | | |
|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Member | <input type="checkbox"/> Agent |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Partner | <input type="checkbox"/> Motor Vehicle Dealership |
| <input type="checkbox"/> Director | <input type="checkbox"/> Stockholder | <input type="checkbox"/> Motor Vehicle Dealership Owner |

7. BUSINESS TELEPHONE

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Area Code

Phone Number

Extension

8. OFFICE HELD IN THE AGENCY

- | | | |
|---|--|--|
| <input type="checkbox"/> President | <input type="checkbox"/> Secretary | <input type="checkbox"/> Assistant Treasurer |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Chief Executive Officer |
| <input type="checkbox"/> Senior Vice President | <input type="checkbox"/> Secretary-Treasurer | <input type="checkbox"/> Chairman of the Board |
| <input type="checkbox"/> Assistant Vice President | <input type="checkbox"/> Assistant Secretary | |

Agency Affiliation

9. ADDRESS (FOR PERSON OR ENTITY ENTERED IN SECTION 4)

[illegible]

Number & Street and Suite # or Floor

Zip Code

CANADIAN APPLICANTS PRINT PROVINCE AND CANADIAN ZIP CODE HERE:

Province _____ Zip Code _____

10. EFFECTIVE DATE OF THIS TRANSACTION

/ /

Year

I certify that I have read all of the statements on this form and that they are true. I understand that any false statement, misrepresentation, or fraud in connection with this Agency Affiliation form may result in civil penalty, revocation, suspension, or denial of the Insurance Agency license.

11. SIGNATURE OF AFFILIATE LISTED IN SECTION 4

DATE

I certify that I have read all of the statements on this form and that they are true. I understand that any false statement, misrepresentation, or fraud in connection with this Agency Affiliation form may result in civil penalty, revocation, suspension, or denial of the Insurance Agency license. I also certify that I have read the current edition of the **State of Michigan Insurance and Examination Candidate Handbook** and agree to all indicated restrictions and requirements or affidavits related to the license for which this affiliation or amendment is being made.

12. SIGNATURE OF AUTHORIZED LICENSED AGENT

DATE _____

13. THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE PERSON IDENTIFIED IN SECTION 4

1. Have you ever been convicted of a misdemeanor (other than minor traffic violations) or a felony? If yes, enclose a separate sheet indicating the information requested in the instructions in the State of Michigan Insurance Licensing and Examination Candidate Handbook under <i>Applicants with Criminal Conviction Records</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has any disciplinary action ever been taken by a regulatory agency against you or any business with which you have been directly connected? If yes, enclose complete explanation of the incident(s) and final outcome on a separate sheet of paper.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever held a license issued by a state insurance regulatory department other than Michigan ? If yes, indicate the type of license held and the state in which it was issued on a separate sheet of paper.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you presently financially impaired, discharged in bankruptcy (within the past seven years), involved in a bankruptcy rehabilitation plan, or subject to litigation or a judgement involving an insurer or other person in the business of insurance? If yes, enclose a separate sheet indicating the information requested in the State of Michigan Insurance Licensing and Examination Candidate Handbook under <i>Applicants Involved in Financial Disputes</i> .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you, or any business with which you are associated, presently the subject of any regulatory or criminal investigation or prosecution? If so, provide particulars, including the jurisdiction conducting the investigation or prosecution.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

When complete, please send to

Michigan Division of Insurance
PO Box 30220
Lansing, MI 48909-7720

OR

overnight to

Michigan Division of insurance
611 W. Ottawa, 2nd floor
Lansing, MI 48933-1070

Our web site address is
<http://cis.state.mi.us/ofis>

Our toll free phone number is
1-877-999-6442